

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on August 18, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 99080-73, 99214, and 99455-WP-L4 for dates of service 03/13/03 through 07/23/03.

II. FINDINGS

A telephone call was made on March 17, 2004 to the requestors representative, ___, for CPT code 99373, date of service 05/13/03 and CPT Code 99213, date of service 04/03/03 both denied as "U". ___ informed MDR that the date of service 04/03/03 had been paid; she also stated that she would be faxing a letter withdrawing date of service 05/13/03. Therefore, these disputed dates of service will not be reviewed. The fax was received on March 17, 2004.

III. RATIONALE

The respondent submitted EOBs for dates of service 03/13/03, 03/20/03, 04/29/03 and 07/23/03 denying the billed services as "E and R". The requestor submitted a copy of the Benefit Review Conference agreement, signed by all parties on 04/28/03. The resolution of the BRC was that the parties agreed the compensable injury of 07/21/02 extends to a left elbow epicondylitis, and not to the claimant's left hand, lumbar spine or depression. All relevant information submitted supports treatment was to the left elbow; therefore, the disputed dates of service will be reviewed according to the 1996 Medical Fee Guideline and Commission Rules.

- 99080-73 for dates of service 03/13/03 and 07/23/03. Per Commission Rule 133.106(f)(1) submitted TWCC-73 support services were rendered as billed. Reimbursement in the amount of \$30.00 is recommended (\$15.00 x 2).
- CPT Code 99214 for dates of service 03/13/03, 03/20/03 and 04/29/03. Per the 1996 Medical Fee Guideline, E&M Ground Rule (IV)(C)(2) and CPT descriptor relevant information support services were rendered as billed. Reimbursement in the amount of \$213.00 is recommended (\$71.00 x 3).
- CPT Code 99455-WP-L4 for date of service 07/23/03. Per the 1996 Medical Fee Guideline, E&M Ground Rule (XXII)(A) & (C) submitted relevant information supports services rendered as billed. Reimbursement in the amount of \$371.00 is recommended (\$71.00 (office visit) + \$300.00 (1 body area)).

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99080-73, 99214, and 99455-WP-L4 in the amount of \$614.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$614.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are here-by issued this 1st day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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